

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042989

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

6065

STATE FILE NUMBER

FILED DEC 14 1962

| | | | |
|---|---|--|---|
| 1. PLACE OF DEATH - a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY, MISSOURI | | c. CITY OR TOWN KANSAS CITY, MISSOURI | |
| Length of stay in 1b 11 Years | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL, KC, MO. | | d. STREET ADDRESS (If outside, give location) 8120 PASEO, KC, MO. | |
| 3. NAME OF DECEASED (Type or print) First HARRY Middle L. Last VICKERS | | 4. DATE OF DEATH Month NOV. Day 28, Year 1962 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 9/28/28 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED AAF | | 10b. KIND OF BUSINESS OR INDUSTRY RETIRED AAF | |
| 13a. FATHER'S NAME CHARLES VICKERS | | 13b. MOTHER'S MAIDEN NAME ETHEL PRATHER | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES 10/26/45 to 6/2/58 | | 17. INFORMANT VA HOSP RECORDS MRS. PATRICIA VICKERS, 8120 PASEO, KC, MO. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RUPTURED VENTRICULAR ANEURYSM DUE TO (b) MYCARDIAL INFARCTION DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. VA attended the deceased from 11/24/62 to 11/28/62 and last saw him alive on 11/28/62 Death occurred at 11:55 PM 11/28/62 m on the date stated above, and to the best of my knowledge, from the causes stated. | | 22b. ADDRESS VAH, Kansas City, Mo. | |
| 22a. SIGNATURE R. M. Pettitt M.D. (Degree or title) | | 22c. DATE SIGNED 11/29/62 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE DEC. 1, 1962 | 23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY | 23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI |
| 24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS KANSAS CITY, MO. | | 25. DATE RECD. BY LOCAL REG. 11-30-62 | 26. REGISTRAR'S SIGNATURE Ruth Long |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

R. M. Pettitt

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/591
23958

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bert W. Honey

Licensed Embalmer No. 1724

P. O. Address PO Box

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.